

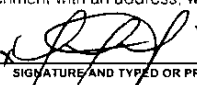


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90055 032 ***150.00

DOCUMENT # P02000106627 1. Entity Name DLS FLOOR COVERING, INC.					
Principal Place of Business 10052 CHIANA CIR FORT MYERS, FL 33905			Mailing Address 10052 CHIANA CIR FORT MYERS, FL 33905		
2. Principal Place of Business - No P.O. Box # 12716 IVORY STONE LOOP		3. Mailing Address 12716 IVORY STONE LOOP			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State FORT MYERS FL		City & State FORT MYERS FL		4. FEI Number 04-3717202	
Zip 33913		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTAELLA, LEOMARYS J 10052 CHIANA CIR FORT MYERS, FL 33914				7. Name and Address of New Registered Agent Name SANTAELLA LEOMARYS J Street Address (P.O. Box Number is Not Acceptable) 12716 IVORY STONE LOOP City FORT MYERS FL Zip Code 33913	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SANTAELLA, LEOMARYS J STREET ADDRESS 10052 CHIANA CIR CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE P NAME SANTAELLA LEOMARYS J STREET ADDRESS 12716 IVORY STONE LOOP CITY-ST-ZIP FORT MYERS FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SALAS, DENIS J STREET ADDRESS 10052 CHIANA CIR CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE VP NAME SALAS DENIS J STREET ADDRESS 12716 IVORY STONE LOOP CITY-ST-ZIP FORT MYERS FL 33913	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					